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CONFIRMATION NO. 5697

SERIAL NUMBER 10/067,003	FILING DATE 02/04/2002 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. VI/01-009
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/317,605 09/06/2001
 and claims benefit of 60/267,303 02/08/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/01/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY PA	SHEETS DRAWING 23	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
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ADDRESS

21140
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TITLE

Syringe loading devices for use with syringes and medical injectors

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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